Director's Signature:									Time Log/Program / Area							
Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.									Time Log/Program / Area: 2048 Boston Drug Lab							
Employee Name:		Wee	k Ending:	June 5,	2010											
Employee Name:	ļ	Sunday (05/30/10	Monday 0	5/31/10	Tuesday 0		Wednesday	7 06/02/10	Thurşday (06/03/10	Friday-06/0	4/10	Saturday 0	6/05/10	
Corbett,Kate	Day: In – Out					700	30	650	120	(14).	201	(145	<u> </u>			
4516/000	Lunch: Out – In					1200	1530	1300	130	1200	130	1200	130			
Employee Signature	Outside Duty: From – To							V	l v		10	10	<i> </i>			
Document exceptions or comments, indica amount.	т			HLA	175			1/2/1/09	influe							
Dookhan,Annie	Day: In – Out		T / 2	(45) 05)		645	415	6.45	4.5	4:45	100	6:45	14 20			
45161000	Lunch: Out – In					1200	1230	1200	1230			1200	1230			
Employee Signature	Outside Duty: From – To										-			Zeg Te		
Document exceptions or comments, indica amount.	ate type and			HLA	175	OTI	,s ,	071	5	perso	noul	OT	-15			
Feiden, Stacey	Day: In – Out					11:00	6:0	8:00	5:30	8:25	4:25	8:15	4.15			
8100-9745	Lunch: Out – In					12:00	12:30	12:00	12:30	12:00	12:30	13:00	12:30			
Employee Signature	Outside Duty: From – To	16 T										10.00	15.30			
Document exceptions or comments, indica amount.	·			HLN	7.5	sic	1.0	170	.5							
Frasca,Daniela	Day: In – Out		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			6:45	Zius	7:30	3:30	6:45	2:45					
45161000				/		1:00	1:30	1:05		1:15						
Employee Signature	Outside Duty: From – To															
Document exceptions or comments, indica amount.	ate type and			HLA	17.5							5.10	5			

Director's Signature: Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.									Time Log/Program / Area:								
Employee signatures on this time sho	eet certify the emp	oloyee has pe	rformed the	work associ	ated with the	account(s) l	isted.										
Employee Name:								,	Wee	k Ending:	June 5,	2010					
стрюуее мате.		Sunday 0	5/30/10	Monday 0	05/31/10	Tuesday 0	5/01/10	Wednesday	Wednesday 06/02/10 Thursday 06/03/10		Friday 06/04/10		Saturday 06/05/10				
Glazer,Lisa	Day: In – Out					645	4,5	6:45	2.45	645	2:45	6.45	415				
45161000	Lunch: Out – In					12°(1)	a:30	12:00	12:30	200	12:30	13:00	12:30				
Employee Signature	Outside Duty: From – To							1 1 × 0 = 0	10.0	(XVO)	1000	10.00	10,0				
Document exceptions or comments, indic				HLA	17,5	105	h			105	Dr	1.5	hr				
amount.	ate type and		75		/	1 ° Č	1			1	T /		+ 1				
Lawler, Michael	Day: In – Out					900	515	815	515	500	5:30	750	605	720 -	555		
45/18/1900 1 1/	Lunch: Out – In	100				145	25	100	130	1230		1045	120	LOV	130		
Employee Signature	Outside Duty: From – To									4		10					
Document exceptions or comments, indic	ate type and	Land Section 1		HLA	17.5	1,25	OT	ارم	OT	1,	CY-1-		,-	10.0			
amount.	<u> </u>									1113	01/	1.0	ot	10,0 0,T	را ا		
Medina, Nicole	Day: In – Out					7:56	3'.55	735	3:35	7:45	3:45	8:30	3.0				
45161000	Lunch: Out – In					B	1230	12-	1230	12	1230		n30				
Employee Signature	Outside Duty: From – To									16-		1200	10				
Document exceptions or comments, indicate type and amount.		HLA	7,5				<u> </u>		<u> </u>	1 5/08	S,						
amount					أسمسنا							1-22					
O'Brien, Elisbeth	Day: In – Out					755	155	745	55	7:35	735	730	218				
45161000	Lunch: Out – In		7				_	1/30	1200	1200	X	1130	13-90				
Employee Signature	Outside Duty: From – To				-			11	12	1115	1200	1120	120				

Cit 0.5

DCU

CMT 0.5

HLN 7.5 VAC1.5

<u>Document exceptions or comments, indicate type and amount.</u>

Employee signatures on this time she	nployee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.								AIII / Alea.	_2048 Bos	ton Drug Lab				
Employee Name:	Т								Wee	k Ending:	June 5,	, 2010			
Employee Hanie.		Sunday 05/30/10		Monday 05/31/10		Tuesday 0	6/01/10	Wednesday 06/02/10		Thursday 06/03/10		Friday 06/04/10		Saturday 06/05/10	
Philips, Gloria	Day: In – Out						Mark Market Mark		/			Triday 00,0	4/10	Saturday u	6/05/10
45161000	Lunch: Out – In	, j						ļ			/	<u> </u>	/		
Employee Signature	Outside Duty: From – To				-			/		/		/			
Document exceptions or comments, indica amount.	ate type and			HLA	17,5	CM For	This	CMT	7.5	CMT	7,5	CMT	7.5		
Piro, Peter	Day: In – Out							80	130	Tur	615	145	65		1770
45161000	Lunch: Out – In							<u>*</u>	1236	12-		645		Ce45	500
Employee Signature	Outside Duty: From – To		*					12	100	L 4	1230	12	1230		(22)
Document exceptions or comments, indica	ate type and			111	1175	Vac	75	7.1		ot				7 -	Later -
amount.	T		T and the second	1141		1000		2.5	•	2.5		3.5	5	10.0	سمن ا
Renczkowski, Daniel	Day: In – Out					645	445	6:45	445	7,45	445	6:45	115	50 m 34 2 5 m	75485
745161000	Lunch: Out – In		- 99			(200	1230		1230	1200				Le45	245
Employee Signature	Outside Duty: From – To						1230	1200	12-20	1115	1230	200	<i>12</i> 30) <u>a</u> 60	1230
Document exceptions or comments, indica amount.	ate type and	100 m		HLA	7.5	0		0		11	1200	0			
amount.	Day:		The tast			2.0		ah	مراح کر		ghist	-2n		ان 17،5	She
Saunders, Della	In – Out			600		6 45	4:45	6:45	5'45	645		 			
45161000 Selles Surger	Lunch: Out – In		353			I	9:00	1130	2200	1:40	2:10	0	3		7.
Employee Signature	Outside Duty: From – To														
Document exceptions or comments, indicate type and amount.			HLN	7,5	OT O	rohe	OT3	. Ohe	LOTO	hes _	Vai	C5.5			

Director's Signature:

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.									Time Log/Program / Area: 2048 Boston Drug Lab							
The same same same same same same same sam	Week Ending: June 5, 2010															
Employee Name: Sunday 05/30/10					Monday 05/31/10 Tuesday 06/01/10		10/		,				·			
_	Day:			monday o	3/3//10		10 00	Wednesday	y 06/02/10	Thursday (06/03/10	Friday 06/0	1/10	Saturday 06	5/05/10	
Spraque, Shirley	In – Out					850	900	500	500			900 1	SOU			
45161000	Lunch: Out – In					i0	130	100	130			100 1	30			
Employee Signature	Outside Duty: From – To		and the second s			*										
Document exceptions or comments, indica	ate type and			HLN	7,5					SiF	1.51			- A		
Tan, Zhi	Day: In – Out		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			6:45	12:45	6:41-	6:15	6:45	611	6:45	6:5	41,,	4:45	
45161000 Ary	Lunch: Out – In							12:00	1200	12:10		12:00	12:30	645 12:m	12 Zc	
Employee Signature	Outside Duty: From – To															
Document exceptions or comments, indica amount.	ate type and		TU STATE OF THE ST	HLN	7.5	Pet	1.5	07	3,1	- 01	-,3.1	07	بر بر	OT9,		
Tran, Mai	Day: In – Out							815	215	745	3					
45161000 M A A MI	Lunch: Out – In							<i>V</i>	, ,	1145	1215			100		
Employee Signature	Outside Duty: From – To										12					
Document exceptions or comments, indica amount.	ate type and			HLN Vac	3.75		<u> </u>									
	Day: In – Out															
45161000	Lunch: Out – In															
Employee Signature	Outside Duty: From – To															
Document exceptions or comments, indicated amount.	ate type and															

Director's Signature:

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Em	ployee: 🚣	isted Below	V	Employee	#: Listed Below
Department:		abo entory			
Date(s) of ov	vertime work	: 6/5/10			. •
# of hours re	quested: 💯	stal Below		•	
Why work ca	nnot be com	pleted during reg	gular hours: <u></u>	rèz m Fizant p	<u>bickly Asaap</u> ts
Overtime is to		l at OT rate	_added to cor	np time balanc	e
OT Account:	8100-9	745			
Approval:	iller for som hvillagering til effektiveligginger. 2004 er f	o esta de la grantica transcentration de la constitución de la constit	an kanana a minek ana asalahan sa kalana a asalah sa kanana kanana angal	a indianas mess servicio sentis en esta en est	nautora vintuata vinte della ciesa e esperitati e e e e e
Supervisor:		almo		Date	e: 6/2/10
Department	Head:	Julian	ne Va	nu Date	: 6 (2/10
Denial reaso	n:				· Principal
Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Archael Lawler	120459	10.0 hs			
KRPIRO	138624	10,0 hes			
c1Rerczkuski	297673	7,5 hes 9,5 hes			
bitar	148724	9,5 hrs		,	
		, –			